



## TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7  
Hopedale, Massachusetts 01747

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**Building Commissioner**  
**Zoning Enforcement Officer**  
**Robert J. Speroni**

### SOLID FUEL BURNING STOVE APPLICATION

#### WOOD/PELLET/COAL

Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

CSL#: \_\_\_\_\_ HIC REG # \_\_\_\_\_ Cost \$ \_\_\_\_\_

(Please provide copies.)

Type of stove (circle):    Insert            Free Standing            Chimney Type (circle):    New            Existing

Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_

Type of fuel to be burned \_\_\_\_\_ Location of stove \_\_\_\_\_

#### **Please attach manufactures specification of clearances from combustibles**

I, the undersigned Owner, hereby apply for a Building Permit to comply with the Ma. State Building Code and all other applicable laws pertaining to the project; and that I will NOT have access to the Guaranty Fund (G.L. c. 142A, sub sec 13(b) if I Contract with a contractor who is not registered with the State, I also understand that I shall install the required Carbon Monoxide Detectors per 527 CMR. 31.00 Prior to the time of Final inspection.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the Licensed Contractor, agree to perform and be responsible for all work approved under this application in conformance with M 1401.6 of the MA Amendments to the Ma. State Bldg. Code. I also understand that I shall install the required Carbon Monoxide Detectors per 527 CMR 31.00 prior to the time of Final inspection.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit# \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

## HOMEOWNER LICENSE EXEMPTION AGREEMENT

HOMEOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The undersigned **HOMEOWNER** requests permission to act as a Supervisor to undertake a construction related project at the above referenced address without the benefit of a properly licensed contractor under the following terms and conditions:

1. According to the Massachusetts State Building Code, Section 108.3.5, the current exemption for **"HOMEOWNERS"** was extended to include owner occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, ***provided that the owner acts as the supervisor.***
2. By definition, a person who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be a one to two family dwelling, attached or detached structure accessory to such use and/or farm structures, but not manufactured/modular structure, shall be considered a **HOMEOWNER**. A person who constructs more than one home in a two-year period shall not be considered a homeowner.
3. The **HOMEOWNER** will be fully responsible for submission of a complete permit application, site plans, building plans, and any other documentation required by the Building Department to understand the scope and complexity of the work proposed
4. The **HOMEOWNER** certifies that he or she fully understands the requirement of the Massachusetts State Building Code as It relate to the particular project being undertaken by the permit, and that the **HOMEOWNER ASSUMES FULL RESPONSIBILITY** for compliance with all applicable codes, ordinances, and inspection procedures.

This Agreement is executed as part of the Building Permit Application.

Homeowner's signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by Building Inspector:

\_\_\_\_\_

Permit# \_\_\_\_\_ Issue Date: \_\_\_\_\_

**\* PLEASE SEE OTHER SIDE \***

## License Exemption Warning

By definition, a person who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be a one to two family dwelling, attached or detached structure accessory to such use and/or farm structures, but not manufactured/modular structure, shall be considered a **HOMEOWNER**. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

Be advised that a majority of those citizens who sign the Homeowner's Exemption Agreement on the reverse side are not fully aware of the responsibilities that go along with assuming the role of "Contractor". By seeking this exemption, you assume significant risks. Please note:

- You are now **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Mass. Bldg. Codes.
- You **must** supervise all work.
- You **must** call the Bldg. Dept. to **schedule all required inspections**.
- You have **waived** your rights and are no longer entitled to any Claim against the Massachusetts HIC Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may place liens on your property.
- Any worker injured on your project may sue you if you do not carry Worker's Compensation Insurance.
- Failure to carry Worker's Compensation Insurance may result in criminal penalties, i.e. fines and/or imprisonment.



**Town of Hopedale  
Wood Stove Installation  
Massachusetts Building Code Requirements**

The installation of any wood burning stove and chimney must conform to these provisions of the Massachusetts State Building Code or manufacturer's recommended procedures (as required by the lab-tested requirements).

1. **PERMIT:** A permit must be secured prior to installation of a wood burning stove. The application for the permit shall be accompanied by a list of components to be assembled and a diagrammatic sketch of the planned installation. (Code 113.5).
2. **LABEL:** Every new wood burning stove to be installed in Massachusetts must be labeled as having been tested (see standards) by a laboratory accredited by the State Building Code Commission. (Code 2109.8).
3. **CHIMNEY (General):** Every wood burning stove shall be connected to either an existing chimney or a new chimney. All chimneys shall be secured at each floor level or at least every 10'-0" and adequately supported. All spaces between chimneys, floors, and ceilings shall be firestopped to a depth of two (2") inches. (Code 2109.1, 2108.2).
4. **M1801.12 MULTIPLE SOLID FUEL PROHIBITED:** A solid-fuel-burning appliance or fireplace shall not connect to a chimney passageway venting another appliance. Each solid-fuel-burning appliance or fireplace must have a dedicated independent chimney or vent. Solid-fuel appliances cannot share a common chimney with any other appliance or fire-place

**Figure 2109.4  
STOVE INSTALLATION CLEARANCES**

Stove Components	Combustible Material	Asbestos Millboard Spaced Out 1" 2.	Concrete/Masonry Foundation Wall	Spaced Out 1" 4" Brick Veneer
Radiant Stove 1. -Front	36"	-	-	-
Circulating Stove 1. -Front	24"	-	-	-
A.Radiant Stove 3. -Side/Back/Top	36"	18"	6"	18"
A.Circulating Stove -Side/Back/Top	12"	6"	6"	6"
B.Single Wall Connector Pipe	18"	12"	6"	8"
B. Insulated Connector Pipe	2"	2"	2"	2"
C. Chimney Height (Metal or Masonry)	Three (3) feet above adjacent roof and two (2) feet above any roof ridge within 10 feet			
D. Damper	If a damper is not included in the stove construction, it must be installed in the connector pipe			

1. Front: Fuel or ash access side.
2. Non-combustible spacers required.
3. Clearances on each side of a radiant stove with a heat shield shall be measured as if a circulating type.  
Note: Clearances shall be measured perpendicular to stove body.  
Laboratory verified test clearances permitted.

# WOOD STOVE INSTALLATION CHECKLIST

## Permit

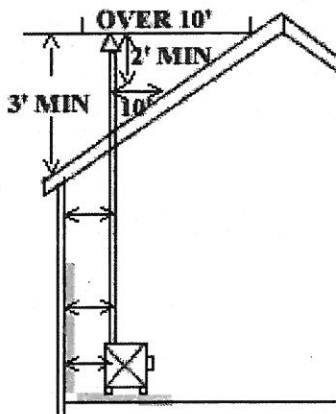
A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

## Stove

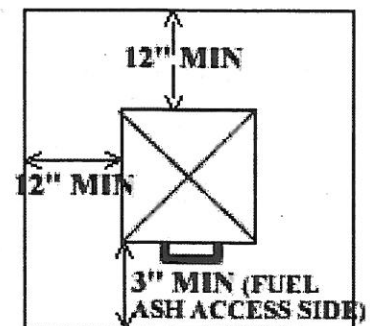
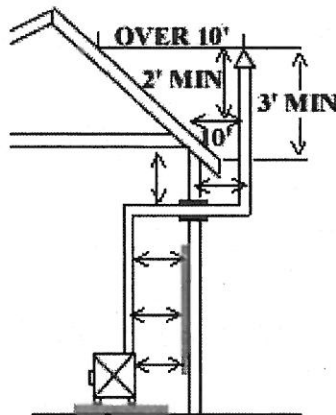
A. New _____	Used _____
B. Type/radiant _____	Circulating _____
C. Manufacturer _____	Lab. No. _____
Name/Model No. _____	Collar size _____
Dimensions/Height _____	Length _____ Width _____

## Chimney

A. New _____ Existing _____	
B. Size (flue area) _____	
C. Other appliances attached to flue (Number and flue size) _____	
D. Prefab (Manufacturer's name and type) _____	
E. Masonry/Lined _____	Flue liner _____
Unlined _____	(type & manufacturer) _____
F. Height (refer to diagrams) _____	cap _____



CHIMNEY HEIGHT



HEARTH

## Hearth (non-combustible)

A. Materials _____	
B. Sub-floor construction _____	
C. Minimum dimensions (refer to diagram) _____	